

C.L. "BUTCH" OTTER- Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720-0036 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

FILE COPY

April 3, 2007

Linda Miller, Administrator Rosetta Assisted Living-Eastridge 1970 East 17th Street #103 Idaho Falls, ID 83404

License #: RC-746

Dear Ms. Miller:

On January 24, 2007, a state licensure survey was conducted at Rosetta Assisted Living - Eastridge. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Karen McDannel, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

KAREN MCDANNEL, RN

Team Leader

Health Facility Surveyor

Residential Community Care Program

Karen McDannel, RN

KM/sc

c:

Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-033 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

January 30, 2007

Linda Miller, Administrator Rosetta Assisted Living - Eastridge 1970 East 17th Street #103 Idaho Falls, ID 83404

Dear Ms. Miller:

On January 24, 2007, a state licensure survey was conducted at Rosetta Assisted Living - Eastridge. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 23, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			TPLE CONSTRUCTION	(X3) DATE S COMPL	
		13R746		A. BUILDIN B. WING _		04/0	4/0007
NAMEOED	ROVIDER OR SUPPLIER	138740	STREET AD	DRESS CITY	STATE, ZIP CODE	1 01/2	24/2007
INAME OF F	NOVIDER OR SUPPLIER			STRIDGE CO			
ROSETT	A ASSISTED LIVING	- EASTRIDGE		LLS, ID 833			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
R 000	Initial Comments			R 000			
	found to be in subs Rules for Residenti Facilities in Idaho. were cited during the conducted at your f	e/assisted living facili tantial compliance w ial Care or Assisted L No core issue deficience ne standard health su facility. The survey w ndard health survey w	ith the living encies urvey s				
	Karen McDannel, F Team Coordinator Health Facility Surv						
1000	Donna Henscheid, Health Facility Surv				,		
	Polly Watt - Geier, Health Facility Surv						
				,			
			1000				
			терене				
3ureau of Fac	cility Standards				TITLE		(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Rosetta, Eastridge	1177 Eastridge Ct	208-734-9422 -
Administrator	City .	ZIP Code
Lisa Junod	Twin Falls	8330/
Survey Team Leader	Survey Type /	Survey Date , /
Karen McDannel	Standard	1/24/07

	Ka	ven McDannel	Standard	1/	24/07	
parameter and the same and the	-CORE ISSU					
ITEM #	RULE # 16.03.22		DESCRIPTION		DATE RESOLVED	BFS USE
1	260.05.C	The facility Ca	regivers placed bedepreads o	n,		
		residents floo	ord when changing the linen	v. This		
		resulted into	tamenation of bedding in roo	ms 11		
		and T.				
2	260.06	In facility did	not maintain the interior of	the		1500001
		facility in a co	lean, safe and orderly man	MIN.		1 de 1 de 1 de 1
	4	The Sindings Mil	Cluded: large, stain in Carpeter	y in		
		ludne room by	the front dear, 4 inch stain	on carpet		0.00 (0.00 (0.00)
		in flont of the	forkseat, Room #1's Caulking	around _		6 5 6 6
		the foilet was.	brown in Color, dening hoven	Chairs		
		had sticky sur	Estance on the arms and	the		
		front of the C	ounter top had a 3 inch CI	cop		
		which was in	eated in of hoom # 4's bathre	0070 ·		050 000 050 0450 050 050
3	330,01	Rusident #/'s	NSA did mat Clearly Identify	1. the		
		1		rinking.		
4	335.03		duse Universal Predautions	- Continu		
	se Required Date	Signature of Facility Representative			Date Signed	5
-3/	184/07	his at fresh	100		1046	<u> </u>



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Rosetta, Eastridge	Physical Address 1177 Eastridge Ct.	Phone Number 208-734-9422
Administrator Lisa Junod	City Twin Falls	ZIP Code 8330/
Survey Team Leader Karen Mc Dannel	Survey Type Standard	Survey Date //24/07

	1)4	(T) IT DUTITIO		./ "	,,	
	-CORE ISSU	ES				
ITEM #	RULE# 16.03.22	公司 电电子电路 电电子电路电路 电电子电子电路 电电子电路 电电子电路 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	DESCRIPTION		DATE RESOLVED	BFS USE
4 3	335.03	Continued - to include	le the following a carequer,	was		100
			mouths of three Hundom			
		resedents with the	same sand towel, when a	Carequer		65 66
		was assisting with M	redications she did not sanite	sjedher		130 400
		hands, a Carequer.	was observed preparing &	Proceedest	<i>?</i>	
		and Contenuously a	essisted residents with Ca	res		
		without washing	her hands between the	resident		
		Cares and meal p	reparateon.			
5	450	The facility did not,	meet the standards in the	Adaho	1	18110
******	ц.	Fould Code. See kit	teken prospection forms.			
6	711.04	whe facility did may		res for		
		2 of 4 sampled r	esidents. #12 for refus	al ly		
	dig.	sheals and 44 for				
7	430.05	the facility did Not	assure Resident # 2 mas,	shounded		
		1 / // // //	toring of medications i.e.			1935 (\$200) 1925 (\$300)
		drink as ordered	ly Bhasician.			
Respon	se Required Date	Signature of Facility Representative			Date Signed	المسمد
وُل	124/07	Jusat Juned		***	1-24	01
•	•					